



DOCKET NUMBER: 6328-21

#3

**DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

REMOTE SITE URINE COLLECTION DEVICE AND METHOD OF USE

the specification of which (check one)

_____ is attached hereto.

X was filed on December 29, 1998
under Attorney's Docket Number 6328-21
as Application Serial No. 09/222,123

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

_____	_____	_____	_____ Yes _____ No
(Number)	(Country)	(Filing Date)	

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____	_____	_____
(Appln. Serial No.)	(Filing Date)	(Status-patent, pending, abandoned)

_____	_____	_____
(Appln. Serial No.)	(Filing Date)	(Status-patent, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

J. Rodman Steele, Jr.	Reg. No. 25,931
Gregory A. Nelson	Reg. No. 30,577
Harvey D. Fried	Reg. No. 28,298
Joseph W. Bain	Reg. No. 34,290
Robert J. Sacco	Reg. No. 35,667
Scott D. Paul	Reg. No. 42,984
Stanley A. Kim	Reg. No. 42,730

Send correspondence to Stanley A. Kim, Esq., Quarles & Brady LLP, 222 Lakeview Avenue, Suite 400, P.O. Box 3188, West Palm Beach, Florida 33402-3188 and direct all telephone calls to Stanley A. Kim, Esq. at (561) 653-5133.

FULL NAME OF INVENTOR: Robert A. Ray

INVENTOR'S SIGNATURE: *Robert A. Ray*

DATE: 2-17-99

RESIDENCE: 815 SW Rustic Cr., Stuart, Florida, 34990

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 815 SW Rustic Cr., Stuart, Florida, 34990

FULL NAME OF INVENTOR: May S. Lui

INVENTOR'S SIGNATURE: *May S. Lui*

DATE: 2/18/99

RESIDENCE: 6688 110th Street, Sebastian, Florida, 32958

CITIZENSHIP: USA

POST OFFICE ADDRESS: 6688 110th Street, Sebastian, Florida, 32958

FULL NAME OF INVENTOR: Susan Summers

INVENTOR'S SIGNATURE: *Susan B. Summers*

DATE: 2/18/99

RESIDENCE: 4203 SE Jacaranda Street, Stuart, Florida, 34997

CITIZENSHIP: U.S.

POST OFFICE ADDRESS: 4203 SE Jacaranda Street, Stuart, Florida, 34997

FULL NAME OF INVENTOR: Brian Smith

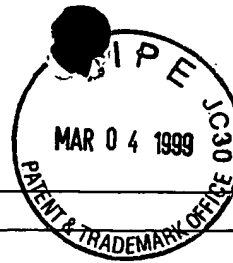
INVENTOR'S SIGNATURE: *Brian C. Smith*

DATE: 2-18-99

RESIDENCE: 589 SW Ray Avenue, Port St. Lucie, Florida, 34983

CITIZENSHIP: USA

POST OFFICE ADDRESS: 589 SW Ray Avenue, Port St. Lucie, Florida, 34983



#3

Applicant or Patentee: Robert A. Ray, et al.
Serial or Patent No.: 09/222,123
Attorney Docket No.: 6328-21
Filed or Issued: December 29, 1998
For: REMOTE SITE URINE COLLECTION DEVICE AND METHOD OF USE

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 C.F.R. 1.9(f) and 1.27(c)-SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☒ [X] the owner of the small business concern identified below
☐ [] an official of the small business concern empowered to act on behalf
of the concern identified below:

NAME OF CONCERN FlexSite Diagnostics, Inc.
ADDRESS OF CONCERN 3543 S.W. Corporate Parkway,
Palm City, FL 34990

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. 121.3-18, and reproduced in 37 C.F.R. 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees in the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled:

REMOTE SITE URINE COLLECTION DEVICE AND METHOD OF USE

by inventors: Robert A. Ray, May S. Lui, Susan Summers, and Brian Smith

described in

- ☐ [] the specification filed herewith
☒ [X] application serial #09/222,123, filed December 29, 1998, under
Attorney's Docket Number 6318-21.
☐ [] patent no. _____, issued _____.

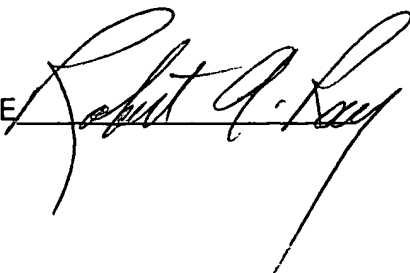
If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. 1.9(d) or by any concern which would not qualify as a small business concern under 37 C.F.R. 1.9(d) or a nonprofit organization under 37 C.F.R. 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. 1.27)

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any Maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Robert A. Ray
TITLE OF PERSON OTHER THAN OWNER _____
ADDRESS OF PERSON SIGNING 815 SW Rustic Cr.
Stuart, FL 34990

SIGNATURE  DATE 2-17-99